

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/830018**  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	89	↔	↔	↔		
TOTAL CLAIMS	43					

*	IND.	DEP.	*	IND.	DEP.	*
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99						
100						
TOTAL IND.			↔			
TOTAL DEP.			↔	↔		↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831